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8	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA
9) 6
10	30 V 08
11	Plaintiff, CASE NO.
12	vs.) PRISONER'S) APPLICATION TO PROCEED T
13) <u>IN FORMA PAUPERIS</u>
14	Defendant.)
15	PR
16	I, DAVID MAIRS , declare, under penalty of perjury that I am the
17	plaintiff in the above entitled case and that the information I offer throughout this application
18	is true and correct. I offer this application in support of my request to proceed without being
19	required to prepay the full amount of fees, costs or give security. I state that because of my
20	poverty I am unable to pay the costs of this action or give security, and that I believe that I am
21	entitled to relief.
22	In support of this application, I provide the following information:
23	1. Are you presently employed? Yes No X
24	If your answer is "yes," state both your gross and net salary or wages per month, and give the
25	name and address of your employer:
26	Gross: Net: Net: Net: Net: Net: Net: Net: Net
27	Employer: N/A
28	
- []	

1	If the answer is "no," state the date of last employment and the amount of the gross and net									
2	salary and wages per month which you received. (If you are imprisoned, specify the last									
3	place of employment prior to imprisonment.)									
4	SELF EMPLOYED, SANFRANGSCO, CA. 2003									
5										
6										
7	2. Have you received, within the past twelve (12) months, any money from any of the									
8	following sources:									
9	a. Business, Profession or Yes No									
10	a. Business, Profession or Yes No Self employment b. Income from stocks, bonds, Yes No No									
11	b. Income from stocks, bonds, Yes No X									
12	or royalties?									
13	c. Rent payments? Yes No									
14	or royalties? c. Rent payments? Yes No d. Pensions, annuities, or Yes No									
15	life insurance payments?									
16	e. Federal or State welfare payments, Yes No X									
17	Social Security or other govern-									
18	ment source?									
19	If the answer is "yes" to any of the above, describe each source of money and state the amount									
20	received from each.									
21										
22										
23	3. Are you married? Yes Yes No									
24	Spouse's Full Name: DARCI LEE MAIRS									
25	Spouse's Place of Employment: UNEMPLOYED									
26	Spouse's Monthly Salary, Wages or Income:									
27	Gross \$ Net \$									
28	4. a. List amount you contribute to your spouse's support:\$									
l l										

,			•
1 2 3	support ar	nd indicate how much you co	se who are dependent upon you for ontribute toward their support. (NOTE als and ages. DO NOT INCLUDE
4	THEIR N		A TO HOLDON
5	NOVE		
6			
7 5.		e you buying a home?	Yes No X
8 Es	stimated Market Value:	\$_N/A Amount o	f Mortgage: \$/A
9 6.	Do you own an aut	tomobile?	Yes No <u>X</u>
10 Ma	ake/A	Year <i>/\/A</i>	Iodel N/A
II Is i	it financed? Yes	No If so, Total due:	s_N/A
12 Mo	onthly Payment: \$ _\(//	<u> </u>	
13 7.	Do you have a bank	k account? Yes No.	(Do <u>not</u> include account numbers.)
14 Nar	me(s) and address(es) of	f bank: <u>///</u>	
15			
li l	sent balance(s): \$_\[\]		
17 Do y	you own any cash? Ye	s No 🗶 Amount: \$	_ N / A
18 Do y	ou have any other asset	ts? (If "yes," provide a descr	iption of each asset and its estimated
19 mark	ket value.) Yes N	v6 X	
20			
21 8.	What are your month	nly expenses?	
22 Rent:	: \$_ \begin{align*} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Utilities:	8
li li	: \$_ <i>\$</i>	Clothing:	· · · · · · · · · · · · · · · · · · ·
24 Charg	ge Accounts: NON	E	
25 Name	of Account	Monthly Payment	Total Owed on This Acct.
26		\$	\$
27 N/1	A /	\$	\$
28		s	\$
	an	om	om
PRIS. APP. TO PROC. IN FO	RMA PAUPERIS	- 3 -	

	1 9. Do you have any other debts? (List current obligations, indicating amounts and to
	whom they are payable. Do <u>not</u> include account numbers.)
	3 MARINCOUNTY CHILD SUPPORT BI,000.00
	4
	5 10. Does the complaint which you are seeking to file raise claims that have been presented
	6 in other lawsuits? Yes No
	7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
	8 which they were filed.
	9
1	0
1:	I consent to prison officials withdrawing from my trust account and paying to the court
12	the initial partial filing fee and all installment payments required by the court.
13	I declare under the penalty of perjury that the foregoing is true and correct and
14	understand that a false statement herein may result in the dismissal of my claims.
15	at D-
16	4 14 08
17	DATE SIGNATURE OF APPLICANT
18	· · · · · · · · · · · · · · · · · · ·
19	
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23	
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28	
I	

Case Number: <u>CV</u> 08 /886

CERTIFICATE OF FUNDS

PRISONER'S ACCOUNT

11

10

9

12 13

14

15 16

17

18

19

20 21

22

23 24

25

26 27

28

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of DAI for the last six months

[prisoner name]

where (s)he is confined.

[name of institution]
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$40.00 and the average balance in the prisoner's account each month for the most recent 6-month period was \$_

Dated: 4 14 8

[Authorized officer of the institution]

Casse 5:08-cv-01886-JF Document 3 Filed 04/21/2008RT Radio 6 052/03/08 RT ID: TS3030

CALIFORNIA DEPARTMENT OF CORRECTIONS
SAN QUENTIN PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 31, 2007 THRU APR. 03, 2008

UNT NUMBER : TI UNT NAME : M 'ILEGE GROUP: B T25433

MAIRS, DAVID LOUIS

TRAN	TRUST	ACCOUNT	ACTIVITY
1 1 7 17 18 14			

7	RAN					•			
	ODE	DESCRIPTION	COMMENT	CHECK N	NUM DEPO	DSITS	WITHDRAWA	LS BA	ALANCE
31/2	007	BEGINNING BA	ALANCE						125.86
	41015421200 4424702030	FOR 200B CASH WITHDRAW CASH WITHDRAW FAMILY VISIT CASH WITHDRAW REVERSE SQUIR DRAW-FAC 2 FAMILY VISIT DRAW-FAC 2 EFT DEPOSIT CASH DEPOSIT EFT DEPOSIT	2400FMV/L 2624FMV/K 2793/FMV/L 2916FMV/L 3002REFDST 3043/H 19T 3277/FM 19T 3483/H 19T 3709/JPAY 37465/JPAY	1870705 1870705	597 375	7.10 4.99 50.00 30.00 50.00	13.7 34.9 22.9 12.0 20.0	7 4 0- 0	1144 1144 1774 1774 1774 1778 1778 1778
			TRUST #	ACCDUNT	SUMMARY				
EGIN BALA		TOTAL DEPOSITS	TOTAL WITHDRAW	ALS	CURRENT BALANCE		HOLDS BALANCE		CTIONS POSTED
1.	25.8	6 142.09	? 89.	41	178	54	0.00		0.00

CURRENT AVAILABLE BALANCE

178.54

REPORT ID: T53030 .701 Document 3 Filed 04/21/2008 Page 7 of 8

REPORT DATE: PAGE NO: 10/01/07

CALIFORNIA DEPARTMENT OF CORRECTIONS
SAN QUENTIN PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JUL. 01, 2007 THRU OCT. 01, 2007

ASSEMUT NUMBER :	T25433	THE DOT THE DUTY OI,	2007
	MAIRS, DAVID LOUIS	BED/CELL NUMBER:	H 01000000000000
CAPALLINE SKUUP:	Α	ACCOUNT TYPE:	1 0100000000840

"RIVILEGE !	SROUP: A A RES	DAVID LOUIS	3	ACCOUNT	JMBER: H 010(0000000089U
TRAN DATE CODE		TRUST	ACCOUNT ACT	TIVITY		
DATE CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	714141
07/01/2007	BEGINNING	BALANCE	and and and the state when the state being		man and some once the man and the source of the	BALANCE
07/16 FR001 07/16 F001 07/19 W415 08/01 W415	INMATE PAYRO DRAW-FAC 2 CANTEEN RETU DRAW-FAC 1 CASH WITHDRA		187067717 187068052	1.13	100.00 9.95- 9.95 15.07 26.18 180.00	576.36 577.49 477.49 487.44 477.49 462.42
08/16 W415 (05/05 W415 (09/10 D340 (09/10 D300 (DRAW-FAC 2 DRAW-FAC 2 TRUST FUNDS CASH DEPOSIT CASH WITHDRAW CASH WITHDRAW CASH DEPOSIT EASH DEPOSIT CASH DEPOSIT CASH DEPOSIT CASH DEPOSIT CASH DEPOSIT	0871 K/FV	187068409 187068717	¥ 00 . 00	180.00 12.48 20.84	360.65 347.97 327.11 347.11 397.11
DATE PLACED 08/16/2007	HOLD CODE H113 FAMT	DESCRIPT	INT HOLDS IN	I EFFECT	1ENT HOLI	401.47 > AMOUNT
BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL	CCDUNT SUMM		F/V	4.38
576.36		WITHDRAWA	LS BĂLÂ		HOLDS TR ALANCE TO	ANSACTIONS BE POSTED

10 5075 Y 5 16 1 Y 5 1 m		THE WEST	STALL DOUGHERY		
BEGINNING BALANCE	DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS	IRANSACTIONS
576.36	179.90	354, 79	401 47		TO BE POSTED
			*V1.4/	4.38	0.00
				the same and the s	

62 1M 5004248283 MAILED FROM ZIE

DAVID MAIRS T25433 1HOBU SOSPSANQUARINI CA, 249-74

BUSINESS REPLY MAILE

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT 450 GOLDEN GATE AVE PO BOX 36060 SAN FRANCISCO CA 94102-9680 Hambelooffloord-Waleshalloord